

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10574056** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		1				
8		1				
9		1				
10		1				
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12		1				
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16		1				
17	1					
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20		1				
21		1				
22		5				
23		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	34	←	←	←	←	
TOTAL CLAIMS	36	████████	████████	████████	████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS		████████	████████	████████	████████	